PTOSBRIA (12-49)
Approved for use through 11/30/2011. OMB 0851-035
U.S. Peternt and Tradlement Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperson's Reduction Act of 1995, no persons are required to respond às a deficient of the formation uses at Capitaging a valid OMB control number.

PATENT — POWER OF ATTYCHIEV

I part all Manches 12 (1995) a control number.

atterney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Transact all business in the United States Patent and Transact all business in the United States Patent and Trademark Office connected therewith above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Practitioner(s) Name Registration Number Practitioner(s) Name Registration Number Practitioner(s) Name Registration Number Registration Number Practitioner(s) Name Registration Number Regist		ANGE OF CORRESPONDE	Attorney Docket No. HO-TSF		V.P0016US	
The address associated with customer Number:	ereb	y revoke all previous powers of attorne	y given in the above-ide	entified patent.		
attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as mylour attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Practitioner(s) Name Registration Practitioner(s) Name Registration Practitioner(s) Name Registration Registration Registration Number Interest of the patent to: Interest of the patent to: Interest of the patent to: Interest of the patent towner. Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted herewith or filed on SIGNATURE of Inventor or or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted or increased or Patent Owner Statement under 37 CFR 3.73(b) (Form PTO/SBO(s) submitted or increased or Patent Owner Statement			ewith.			
Inherby appoint Practitioner(s) named below as mylour attorney(s) or agent(s) with respect to the patent identified above, and to transact at business in the United State Patent and Trademank Office connected therewith: Practitioner(s) Name	, ث	attorney(s) or agent(s) with respect to	the patent identified al	ove, and to transact all	y/our ousiness in	26271
Practitioner(s) Name Number Number Practitioner(s) Name Number Nu	7	hereby appoint Practitioner(s) name				
The address associated with the above-mentioned Customer Number. OR Fine address associated with Customer Number: OR Fine address associated with Customer Number: OR Fine address Fine a		Practitioner(s) Name	Registration Number	Practitioner(s) N	ame Re	egistration Number
The address associated with the above-mentioned Customer Number. OR Fine address associated with Customer Number: OR Fine address associated with Customer Number: OR Fine address Fine a						
The address associated with the above-mentioned Customer Number. OR I'm a address associated with Customer Number: OR I'm a didress associated with Customer Number: OR I man the: Inventor, having ownership of the patent. OR Plant owner. Signature on the patent owner. Signature of Inventor or Patent Owner. Title and Company Authorized Signer, Transocean Worldwide Inc. Title and Company Authorized Signer. Transocean Worldwide Inc. Total of 1 forms are submitted. Inventor or Signature of Inventor or Patent Owner on a signature is required, see below. Total of 1 forms are submitted. FOA or Authorization of Agent. I hereby certify that this paper (along with any paper referred to as being stached or enclosed) is being transmitted via the Office electronic types on the content of the Office electronic types on the content of the Office electronic types on the content of the Office electronic types on the Company of the Office electronic types on the content of the Office electronic types on the Company of the Office electronic types on the content of the Office electronic types on the Company of the Office electronic types on the content of the Office electronic types on the Company of the Office electronic types on the Office electronic types on the Office electronic types of the Office electronic types on the Office elect	Heas	a recognize or change the correspond	lence address for the a	bove-identified patent to		
Firm or Individual Name Firm or Individu	_ 0	R		r Number.		
Individual Name dress State Zip Email and the state Zip Zi	۰.	R				
by State Zup Email Iam the: Inventor, having ownership of the patient, OR Patient owner. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Inventor or Epitopt Owner Signature Name Authorized Signer, Transocean Worldwide Inc. Tolephone The owner of all the inventor or patient owners of the entire interest or their representative(s) are required. Submit multiple forms if more no ne signature is required, see below? Total of		Individual Name				
In the content of t		8	Tax			
am the: Inventor, having ownership of the patent. OR OR X Petent owner, Side/ment under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Side/MTURE of Inventor or Patent Owner					4	
Signature Name Title and Company Authorized Signer, Transcean Worldwide Inc. OTE: Signature of at the inventor or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more an one alignature is required, see below? Total of 1 forms are submitted. POA or Authorization of Agent I hereby cortify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic I system in accordance with 37 CFR § 1.40(4).	OR	nventor, having ownership of the pate Patent owner.		ed herewith or filed on _		
Name Authorized Signer, Transocean Worldwide Inc.			SIGNATURE of Invent	or or Patent Owner		
Title and Company Authorized Signer, Transocean Worldwide Inc. 7E: Signatures of all the inventors or patient counters of the entire inferest or their representative(s) are required. Submit multiple forms if more in one signature increducts, see below: 1 Total of 1 forms are submitted. POA or Authorization of Agent Thereby certify that file paper (closing with any people referred to as being attached or enclosed) is being transmitted via the Office electronic tystem in accordance with 37 CFR § 1.6(a)(4).		ature Colen	han Meg	Date Date	20 SE	PT 2011
OTE: Signatures of all the invertices or patient conners of the entire interest or their representative(s) are required. Submit multiple forms if more an one algorature is required, see below: *Total of 1 forms are submitted. POA or Authorization of Agent I hereby certify that this paper (along with any paper reterned to as being attented or unclosed) is being trensmitted via the Office electronic to system in accordance with 37 CFR § 1.6(k)(4).	Signa				a 2414 71	ne uenl
POA or Authorization of Agent I hereby certify that this paper (along with any paper referred to as being attached or enclosed) to being transmitted via the Office electronic to system in accordance with 37 CHR § 1.8(a)(4).		C. STEPH	EN MYFAD,	Telephor		13 730/
*Total of 1 forms are submitted. **POA or Authorization of Agent** I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic to system in accordance with 3°T CFR § 1.4(e)(4).	Nam	C 4 21 51 11		74	373 75	3 730/
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic to system in accordance with 37 CPR § 1.8(a)(a).	Name Title	and Company Authorized Signatures of all the Inventors or patent ow	ner, Transocean V	orldwide Inc.	W/W/	ultiple forms if more
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic to system in accordance with 37 CFR § 1.6(a)(4).	Name Title	and Company Authorized Sign Signatures of all the Inventors or patent ow a signature is required, see below.	ner, Transocean V	orldwide Inc.	W/W/	altiple forms if more
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic to system in accordance with 37 CFR § 1.6(a)(4).	Name Title	and Company Authorized Sign Signatures of all the Inventors or patent ow a signature is required, see below.	ner, Transocean V	orldwide Inc.	W/W/	ultiple forms if more
(1) 1	Name Title	and Company Authorized Sign Signatures of all the Inventors or patent ow a signature is required, see below.	ner, Transocean V	orldwide Inc.	W/W/	ultiple forms if more
	Name Title IOTE:	and Company Authorized Significations of all the inventors or patient on alignature is required, see below: *Total of 1 forms at the paper (along with an	ner, Transocean V ners of the entire interest re submitted. POA or Authr y paper referred to as bein	Voridwide Inc. or their representative(s) an	required. Submit mu	

Issue Date

First Named toventor

See attached Schedule

PATENT - POWER OF ATTORNEY OR

REVOCATION OF POWER OF ATTORNEY

WITH A NEW POWER OF ATTORNEY

AND

SCHEDULE A

Patent No.	Issue Date	First Named Inventor	Title	Docket Number
6,766,860	July 27, 2004	William G. Archibald et al.	Multi-Activity Offshore Drilling Facility Having a Support for Tubular String	HO-TSFV.P0016US
6,705,414	March 16, 2004	Michael Simpson et al.	Tubular Transfer System	HO-TSFV.P0015US
6,651,580	Nov. 25, 2003	Thomas Lay	Method and system for Mooring	HO-TSFV.P0009US